	PTO-875 U.S. DEPARTMENT OF COMMERCE SERIAL								NO.		<u>·</u> [	FILING DATE		
(REV. 1-85) PATENT AND TRADEMARK OFFICE												8/16/90		
PATENT APPLICATION FEE DETERMINATION RECORD								ANT (FIR	ST NAMED)					
								Geo	ge.	. Eas	ward	. Mat	ich e	tal.
								•	U					
CLAIMS AS FILED - PAF													OTHER T	ΗΔΝ Δ
										SMALL E	NTITY		SMALL E	NTITY
FOR:			NO. FIL	.ED	NO. EXTRA		RA			RATE	FEE	OR	RATE	FEE
			21127								\$170		3666	370
BASIC FEE TOTAL CLAIMS					-20 <b>-</b>			<b>12.</b>		X6-	s 170	OR OR	X12-	s
INDEP. CLAIMS					-3-					X17=	s	OR	x34=	s
O MULTIPLE DEPENDENT CLAIM			PRESENT							X55-	5	OR	X110-	s
* If the difference in col. 1 is less than zero, enter "O" in col. 2							1	TOTAL	s	OR	TOTAL	\$370		
• If th	e difference in co	ol. 7 is less thi	an zero, e	nter "O" in col.	2					TOTAL			TOTAL	
		_		,										
CLAIMS AS AMENDED - PART II														
	(1)					(2)	(3)	(3)		SMALL ENTITY		_	OTHER T	
AMENDMENT A		CLAII			HIGH	HEST NO.					ADDIT.			ADDIT
		REMAII AFTI AMENDI	ER		PRE'	VIOUSLY VID FOR	PRES EXT			RATE	FEE	·OR	RATE	ADDIT.
		. /		265 S. C.		20					<u> </u>	+	<u> </u>	-
	TOTAL	(2	2	MINUS		10	-	$\angle$		√5	s /	4	×10=	5
	INDEP.	Minus			··· <u>3</u> - /					×15=	s /		×30-	s/ .
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									· 50 =	s/		+100-	<i>f</i>
									٨٥٢	TOTAL DIT. FEE	s	<u>OR</u>	TOTAL	s
									AUL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
AMENDMENT B		CLAI			11101	IECT NO						7		,
		REMAI AFT AMEND	ER		PRE	HEST NO. VIOUSLY ND FOR	PRES EXT			RATE	ADDIT.	<u>OR</u>	RATE	ADDIT.
		AIVIEND	IVIENT				.ļ				ļ	-	<u> </u>	_
	TOTAL			MINUS			-			<b>×5-</b>	s		×10-	s
	INDEP.			MINUS			-			×15=	s		×30-	s
⋖	D FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									+ 50 =	s		+100=	s
	<u> </u>								ΔD	TOTAL DIT. FEE	s	ОЯ	TOTÁL	s
		•										→ <u>~</u>	10171	<u> </u>
	CENTER STATE				•	<del></del>	Т			r	,	٦		T
AMENDMENT C		CLAII REMAI	NING		HIG	HEST NO.	PRES			RATE	ADDIT.	OR	RATE	ADDIT.
		AFT AMEND	ER MENT		PA	AID FOR	EXT	RA		nA IE	FEE	<u> </u>	HAIE	FEE
	TOTAL			MINUS			1_			×5-	s	7	×10~	s
		ļ. —		MINUS			1			×15-	s	$\dashv$	×30 =	s
	INDEP.	l					J <u>-</u>				<del> </del>	-		<del> </del>
	☐ FIRST PRES	SENTATION C	)F MULTI	PLE DEP. CLAIF	Λ					+ 50 =	<b>s</b>	4	+100=	s
									•	TOTAL DIT. FEE	s	OR	TOTAL	s

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

<sup>\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.